

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/088595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		1		1		
6		1		5		
7		1		5		
8		1		1		
9	1			1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		5		1		
15		5		1		
16	1		1			
17		1		1		
18		1		1		
19		3		3		
20	1			1		
21		1		1		
22		1		1		
23					1	
24						1
25						1
26						1
27						1
28						1
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30						1
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37						1
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39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.					2	
TOTAL DEP.					20	
TOTAL CLAIMS					22	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						